

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34116

1. PLACE OF DEATH

County Polk
Township Madison
City Madison (No. 702)

Registration District No. 4423
Primary Registration District No. 4423

File No. 34116
Registered No. 34116
St. Mo. Ward 1

2. FULL NAME William Henry Blair

(a) Residence. No. 1 St. 1 Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie E Blair

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 5 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Barbering
(c) Name of employer Reynolds Barber Shop

9. BIRTHPLACE (CITY OR TOWN) Rushville
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Solomon Blair

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don-Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don-Know
(STATE OR COUNTRY)

14. INFORMANT Jesse Blair
(Address) Walnut Grove Mo

15. FILED 10-9-33 Chas H Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 1933

17. I HEREBY CERTIFY, That I attended deceased from 10-8-33 to 10-8-33, 1933
that I last saw him alive on 10-8-33, 1933, and that death occurred, on the date stated above, at 10-8-33 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Died unattended suddenly
A probable heart attack
Undetermined

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED #
IF NOT AT PLACE OF DEATH #

DID AN OPERATION PRECEDE DEATH? No DATE OF #

WAS THERE AN AUTOPSY? No None

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas H Brown, M. D.
10-9-1933 (Address) Fair Play Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Akard Cemetery DATE OF BURIAL Oct 10 1933

20. UNDERTAKER Crow and Barker ADDRESS Fair Play Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

